## Washington State Records Center Office of the Secretary of State Division of Archives and Records Management

## **Reference Request**

Requestor Password

Send this form to the Records Center at MS: 40239 or FAX (360) 586-9137

Requestor Name

Agency Name			Agency OFM Number	Mailstop
Office Name				Office Number
List each requested file or box separately.				
Barcode Box Number Or Accession Number/Box Number (Location not needed)	*24-hr Pickup? (Check if Yes)	Whole Box? (Check if Yes)	If file only: File Name and/or Number (leave blank for whole box)	
Form SSA 110 (9/97)				

Requestor Phone Number

Date